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ILLINOIS STATE BOARD OF HEALTH.

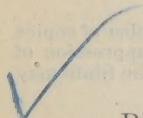
OFFICIAL ORDER

Concerning the Prevention and Suppression of Scarlet Fever.

Respect and in force February 15, 1905.

ORDER OF THE SECRETARY

ILLINOIS STATE BOARD OF HEALTH.



PREVENTION AND SUPPRESSION

OF

EPIDEMIC AND MALIGNANT DISEASES.

SCARLET FEVER.

[S. B. H. No. 263—5m—10, 10, '95.]

J. W. SCOTT, M. D.
Secretary.

OFFICIAL ORDER

Concerning the Prevention and Suppression of Scarlet Fever.

Revised and in force February 15, 1892.

OFFICE OF THE SECRETARY,
SPRINGFIELD, ILL., September 18, 1895.

To Health Authorities, Attending Physicians and Heads of Households:

At the XVth Annual Meeting of the ILLINOIS STATE BOARD OF HEALTH, held in the City of Springfield, January 28, 1892—the increasing prevalence of the Epidemic and Malignant Diseases being under discussion—it was

Ordered, That the Secretary be authorized to procure a sufficient number of copies of the Rules and Regulations of the BOARD for the Prevention and Suppression of Scarlet Fever and to distribute the same as the sanitary necessities of the State may require.

In accordance with this order the appended *Rules and Regulations*—originally promulgated in February, 1883—are again published with the knowledge that *wherever they have been thoroughly carried out Scarlet Fever has either been prevented where it threatened or readily controlled and suppressed where it had already appeared.*

This order is issued in conformity with the statute which vests the STATE BOARD OF HEALTH with authority in all matters pertaining to quarantine, and with the duty of making all necessary rules and regulations for the preservation or improvement of the public health; and such rules and regulations have, therefore the weight and authority of law. By the same statute their enforcement is made binding upon all health authorities in the State. Such authorities embrace—

1. Regularly constituted *Boards of Health* of incorporated cities, towns and villages.
2. *Supervisors, assessors and town clerks* of townships.
3. *County commissioners* of counties in which there are no township organizations.

The officers designated in the second and third classes constitute *ex officio* the Boards of Health for their respective territories in the absence of any other provision therefor.

The *Rules and regulations* which follow are believed to cover every important detail and are a part and parcel of this ORDER, to be strictly enforced in appropriate cases. A copy should be furnished not only to every family in which there is a case of Scarlet Fever, but to neighboring families which may be exposed, and to the teachers of public, private and parochial schools in the vicinity.

BY ORDER OF THE BOARD:

J. W. SCOTT, M. D.,
Secretary.

The epidemic and Malignant Disease Circulars of the Board—embracing Rules and Regulations for the prevention and Suppression of Small Pox, of Typhoid Fever, of Diphtheria and of Scarlet Fever—may be obtained by addressing the Secretary.

SCARLET FEVER:

ITS SANITARY FEATURES—RULES AND REGULATIONS FOR ITS PREVENTION AND SUPPRESSION.

ITS SANITARY FEATURES.

SCARLET FEVER is, pre-eminently, the contagious disease of childhood. Although all ages are liable to the disease, the chances of attack rapidly diminish after the fifth year. This predisposition of childhood is attributed to the feeble resisting power of early life. For the same reason, the chances of recovery and of escape from its serious after-effects increase with the age of the individual.

These considerations should lead to especial care in guarding young children from danger of exposure to the contagion of Scarlet Fever. The common theory of too many mothers and nurses—that “the diseases of childhood are to be expected anyway; there is no use in attempting to guard children from their distinctive diseases”—is mischievous in the extreme, and should be refuted by all sanitarians, health officers and family physicians.

Because a certain class of diseases are more prevalent and more dangerous in early life, and grow less frequent and less fatal as the vigor and fullness of adult life are approached, would seem to be common sense reasons why the infant and young child should be all the more carefully guarded against exposure to them—and this is especially true of the disease under consideration.

Since one attack of Scarlet Fever usually suffices to prevent subsequent ones, the question has sometimes arisen as to the propriety of intentionally exposing children to the contagion during exceptionally mild epidemics of the disease. This is a question which must, in all cases, be decided by the family physician. And it should not be forgotten that even a mild case in one child may communicate a malignant attack to another.

As to other contagious diseases, there are two important matters demanding attention in order to prevent the spread of Scarlet Fever. The first is to *isolate* the patient—to separate the sick from the well. The second is to destroy, at once and effectually, everything which comes from the body of the patient—before it can infect anything else, if possible; if not, then to subject everything likely to be infected to such treatment as will destroy the poisonous property.

The Scarlet Fever poison is contained in the breath and discharges of the patient, and especially in the skin which peels off at the close of the fever, and may be scattered through the air in tiny scales or powder. These particles may settle down in undusted corners, or lodge in clothing, carpets, bedding, etc.; and, as then retain their poisonous property for an indefinite period, may kindle an epidemic whenever dislodged to come in contact with susceptible subjects.

The instructions which follow, with reference to the care of the sick, and especially those with reference to the means of destroying the poison, should be conscientiously carried out in every household where there is a case of Scarlet Fever. In a sanitary sense, every person is his brother's keeper where contagious disease is concerned. Concealment, or neglect of known necessary precautions, whereby contagion is spread, may be as murderous in effect, whatever the intent, as the Club of Cain itself.

If the instructions here set forth were faithfully followed in every case of Scarlet Fever, for a comparatively brief space of time, its poison could be entirely eradicated—and this scourge of childhood would soon cease to fill mothers' hearts with dread and anxiety.

RULES AND REGULATIONS.

1. During the existence of Scarlet Fever in a community, all cases of sore throat, with fever, are to be looked upon with suspicion until their innocent character is established.

2. If a child, who has not previously had an attack of Scarlet Fever, should unfortunately be exposed to a case, it should be carefully watched during the following two weeks. Upon the first symptoms of shivering, lassitude, headache, frequent pulse, hot, dry, skin flushed face, furred tongue, with much thirst and loss of appetite, the child should immediately be separated as completely as possible from other members of the household and all other persons, until a physician has seen it and determined whether it has Scarlet Fever. All persons known to be sick with this disease (even those but mildly sick) should be promptly and thoroughly isolated from the public. This is of quite as much importance as in a case of small-pox.

3. As soon as it is determined that the disease is Scarlet Fever, the following precautions should be scrupulously carried out. These are substantially the same as already recommended by the STATE BOARD OF HEALTH, in the Circulars on Small-Pox and Diphtheria:

The Sick-Room.—The room selected for the sick should be large, easily ventilated, and as far from the living and sleeping-rooms of other members of the family as it is practicable to have it. All ornaments, carpets, drapery, and articles not absolutely needed in the room, should be removed. A free circulation of air from without should be admitted both by night and day—there is no better disinfectant than pure air. Place the bed as nearly as possible in the middle of the room, but care should be taken to keep the patient out of draughts. In cold weather, whenever it is possible, there should be an open fire in the sick room. An open fire is the best ventilation for a room in cold weather, and it should be used for the sick-room even when register or steam heat is used.

If the room connects with others which *must be occupied*, lock all but one door for entrance and exit to the sick-room, and fasten to the door frames—top, bottom and sides—sheets of cheap cotton cloth, keep wet with *Standard Disinfectant No. 2*, (see page 8). Over the door to be used, the sheet must not be tacked at the bottom nor along the full length of the lock-side of the frame, but about five feet may be left free to be pushed aside; this sheet, however, must be long enough to allow ten or twelve inches to lie in folds on the floor and must also be kept wet with the disinfectant.

Precautions in the Sick-Room.—All discharges from the nose and mouth of the patient should be received on rags and immediately burned. Night-vessels should be kept supplied with a quart or so of *Standard Disinfectant No. 2*, into which all discharges should be received. All spoons, dishes, etc., used or taken from the sick-room, should be put in boiling water at once.

A pail or tub of *Standard Disinfectant No. 3*—two ounces to a gallon of water—(see page 8) should be kept in the sick-room, and into this all clothing, blankets, sheets, towels, etc., used about the patient or in the room, should be dropped immediately after use, and before being removed from the room. They should then be well boiled as soon as practicable.

Attendants.—Not more than two persons—one of them a skillful professional nurse, if possible—should be employed in the sick room, and their intercourse with other members of the family should be as much restricted as possible.

In the event that it becomes necessary for an attendant to go away from the house, a complete change of clothing should be made, using such as has not been exposed to infection; the hands, face and hair should be washed thoroughly with disinfectant soap and water. There is a variety of good disinfectant soaps for sale by druggists; use the one recommended by the attending physician.

Miscellaneous.—No inmate of the house, during the continuance of the disease, should venture into any public conveyance, or assemblage, or crowded building, such as a church or school; nor, after its termination, until permission is given by the health authorities.

Letters must not be sent from the patient, and all mail matter from the house should be first subjected to a dry heat of 250-260 deg. F.

Domestic animals, dogs, cats, etc., should not be allowed to enter the room of the patient, or, better still, should be excluded from the house.

During the entire illness the privy should be thoroughly disinfected with *Standard Disinfectant No. 2*, four or five gallons of which should be thrown into the vault every day. Water closets should be disinfected by pouring a quart or so of this disinfectant into the receiver after each use.

Care after Recovery.—There is danger of one communicating the disease directly, from one recovering from Scarlet Fever, so long as there is any soreness of the eyes, nose or air passages; or any symptom of dropsy; but, more especially, so long as the skin continues to peel off. Although the latter process is usually completed within about forty days from the beginning of the sickness, cases happen, sometimes, when it lasts even seventy or eighty days. No matter how long this period may be, the child should be considered dangerous until all scaling or peeling of the skin has ceased. Vaseline, cosmoline, olive oil or lard should be used, in the discretion of the attending physician, to anoint the skin, in order to prevent the scales from being scattered about and so spreading the contagion.

When recovery is complete, and the skin smooth and free from scales, the child should be bathed all over, at least twice or oftener, and the hair thoroughly washed each time, before being allowed to leave the house. This bathing should be under the direction of the family physician, at such times and in such manner as he thinks prudent, and with the disinfectant soap recommended by him.

4. No person after recovering should appear in public wearing the same clothing worn while sick or recovering from Scarlet Fever, until such clothing has been thoroughly disinfected, and this without regard to the time which has elapsed since recovery. Nor should a person from premises in which there is or has been a case of Scarlet Fever attend any school, Sunday school, church, or public assembly, or be permitted by the health authorities or by the school board to do so, until after disinfection of such premises and of the clothing worn by such person if it has been exposed to the contagion of the disease.

5. Cases of Scarlet Fever should be promptly reported to the proper health authority, either by the attending physicians or by the householders. Plain and distinct notices, in the form of placards, should be placed upon the house or premises where there is a case of Scarlet Fever, and children, especially, should not be allowed to enter such house. Notice should also be given to all public schools, of the locality of any house in which there is Scarlet Fever, and the scholars should be cautioned against visiting or playing on the infected premises.

6. Immediately upon receipt of notice of the existence of a case of Scarlet Fever, the health officer should visit the locality and secure prompt compliance with the precautions above set forth. He should see that the proper placards are duly posted; should notify the schools; take charge of the funerals of those dying of this disease; superintend the disinfection of rooms, clothing and premises; and, finally, give official certificates of recovery, and of freedom from liability to communicate the disease to others. Until these latter are issued, a rigid system of isolation or quarantine should be maintained with regard to an infected house and its contents—persons and things.

Where there is no health officer, the attending physician should see that the above precautions are carried out.

7. In the event of death, the body should be wrapped in a disinfectant sheet thoroughly soaked in one of the *Standard Disinfectants Nos. 1 or 2*, and placed in an air-tight coffin, *which is to remain in the sick-room until removed for burial*. No public funeral shall be allowed either at the house or church, and no more persons should be permitted to go to the cemetery that necessary to inter the corpse.

8. After a recovery or death, all articles worn by, or that have come in contact with the patient, together with the room and its contents, should be thoroughly disinfected by burning sulphur. To do this, have all windows, fire-places, flues, key-holes, doors and openings securely closed by strips or sheets of paper pasted over them. Then place on the hearth or stove, or on bricks set in a wash-tub containing an inch or so of water, an iron vessel of live coals, upon which throw three pounds of sulphur for every 1,000 cubic feet of space in the room. (The sulphur should be thoroughly moistened with alcohol.) Closets opening into the room should have proportionate quantities of sulphur burned in them at the same time. All articles in the room and others of every description that have been exposed to infection, which cannot be washed or subjected to dry heat, and yet are too valuable to be burned, must be spread out on chairs or racks; mattresses or spring-beds set up so as to have both surfaces exposed; window-shades and curtains laid out at full length, and every effort made to secure thorough exposure to the sulphur fumes. The room should then be kept tightly closed for twenty-four hours. A sulphur candle, with plain directions for use, is sold by druggists; it is safer and more convenient than loose sulphur and alcohol.

The object of disinfection in the sick-room is, mainly, the destruction of infectious materials attached to surfaces, or deposited as dust upon window-ledges, mouldings, door-frames, in crevices, etc. If the room was properly cared for and ventilated during the sickness, and especially if it was stripped of carpets, curtains and unnecessary furniture at the beginning, the difficulties of disinfection will be greatly reduced.

After the sulphur fumigation all surfaces should be thoroughly washed with *Standard Disinfectant No. 1*, diluted with three parts of water, or with 1-1000 solution of corrosive sublimate; or with *Standard Disinfectant No. 2*, four ounces to the gallon of water. Walls and ceilings, if plastered, should be brushed over with one of these solutions and then lime-washed; if papered, the paper should be removed and the exposed surfaces then brushed over with the solution.

Especial care must be taken to wash away all dust from every part of the room and to apply the solution liberally to crevices and out-of-the-way places where dust may settle. After such application of the disinfectant, open doors and windows for twenty-four hours, and then scrub all wood work, floors, etc., with soap and hot water.

The articles which have been subjected to fumigation should be exposed for several days to sunshine and fresh air. If the carpet has unavoidably been allowed to remain on the floor during the illness, it should not be removed until after the fumigation; but must then be taken up, beaten and shaken in the open air, and allowed to remain out of doors for a week or more. If not too valuable, it should be destroyed; but, whenever practicable, it should be removed from the room at the beginning of the illness.

After the above treatment has been thoroughly enforced, the doors and windows of the room should be kept open as much as possible for a week or two. Where houses are isolated, articles may be exposed out of doors. The entire contents of the house should be subjected to the greatest care, and when there is any doubt as to the safety of an article *it should be destroyed*.

All this work should be done—both the disinfection and the destruction of property—under the direct supervision of the local authorities.

9. Such articles of clothing, bedding, etc., as can be washed should first be treated by dipping in the *Standard Disinfectant No. 3*—two ounces to the gallon of water; they should then be immediately and thoroughly boiled for at least half an hour. The ticking of beds and pillows used by the patient should be treated in the same manner, and the contents, if hair or feathers, should be thoroughly baked in an oven. If this cannot be done, they should be destroyed by fire, as should, in any event, all straw, husk, moss, or "excelsior" filling. The clothing of the nurses should be thoroughly fumigated and disinfected before it is taken from the house, or, better still, burned, if feasible.

STANDARD DISINFECTANTS.

For general use: Sunlight, fresh air, soap and water, thorough cleanliness, are the best disinfectants.

For special purposes, the following solutions are good, simple and cheap.

STANDARD DISINFECTANT No. 1.

Dissolve chloride of lime of the best quality in pure water, in the proportion of four ounces (a quarter of a pound) to the gallon.

One quart of this solution for each discharge in scarlet or typhoid fever or other contagious or infectious disease. Mix well and leave in the vessel for an hour or more before throwing into privy vault or water closet. The same for vomited matter. For a very copious discharge, especially in cholera, use a larger quantity; and for solid or semi-solid matter use the solution in double strength. Discharges from the mouth and throat should be received into a cup half full of the solution, and those from the nostrils upon soft cotton or linen rags which should be immediately burned.

The chloride of lime must be of the best quality: poor chloride of lime is worthless.

STANDARD DISINFECTANT No. 2.

Dissolve corrosive sublimate, permanganate of potash and muriate of ammonia in pure water in the proportions of two drachms of each to the gallon.

Use for the same purposes and in the same way as No. 1. Equally effective, but slower in its action, so that it is necessary to let the mixture (disinfectant and infected material) stand about four hours before disposing of it. It is best to empty the mixture into a wooden pail and leave it for twenty-four hours, when it may be thrown into the vault or water closet, or into a hole dug into the ground for that purpose, in some suitable spot. This solution is odorless, while the chloride of lime solution is often objectionable in the sick-room on account of its smell.

This disinfectant is *highly poisonous*, and will *injure lead pipes* if passed through them in large quantities.

STANDARD DISINFECTANT No. 3.

Dissolve four ounces of corrosive sublimate and one pound of sulphate of copper in one gallon of water.

Use this for disinfecting clothing and bed clothes. Add a teacupful of it to two gallons of water. Soak the clothes in it for two hours, then wring them out and boil them. This solution is poisonous, and must not be kept in metal vessels, nor poured into lead pipes, without free flushing.

Solutions of corrosive sublimate should not be made or kept in metal vessels. A wooden tub, barrel or pail or an earthen jar should be used for such solutions.

Disinfection of Privy Vaults, Cesspools, etc.—When the excreta or discharges (not previously disinfected) of patients suffering with any contagious disease have been thrown into a vault this becomes infected and dangerous. Disinfection should be resorted to as soon as the fact is discovered or even suspected.

Disinfectant No. 3, diluted one part to three of water, may be used in the proportions of one gallon of the diluted solution to every four gallons (estimated) of the contents of the vault. All exposed portions of the vault, and wood work should be thoroughly wet with the solution.

To keep a vault disinfected during the progress of an epidemic—or even a single case of contagious disease—sprinkle chloride of lime freely over its contents daily. Or if the odor of chloride be objectionable apply daily four or five gallons of disinfectant No. 2, which should be made by the barrel, for this purpose, and kept in a safe place where children and animals cannot get at it.